



EMERGENCY MEDICAL FORM MHS PTSA SWIM PROGRAM



SWIMMER'S INFORMATION:

NAME: _____ AGE: _____
Last First (Preferred Name)

ADDRESS: _____
Street City Zip

TELEPHONE: _____

SCHOOL ATTENDING: _____

WATER EXPERIENCE: _____

PARENT'S INFORMATION:

NAMES: _____ ; _____
Mother Father

ADDRESS: _____ ; _____

PHONE: _____ ; _____

MEDICAL INFORMATION:

DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

HOSPITAL: _____ PHONE: _____

ALLERGIES/MEDICAL PROBLEMS: _____

PARENT'S SIGNATURE: _____

*****PARENT/GUARDIAN MUST REMAIN ON PREMISES DURING
THE ENTIRE CLASS.*****